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October 17, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **DEPARTMENT OF HEALTH SERVICES (DHS)
HOMELESS PATIENT DISCHARGES**

This is to provide you with the third quarterly update on activities related to the discharge of homeless patients from DHS hospitals.

In the correspondence dated February 28, 2006, the Department committed to the following:

- 1) Work with the Department of Public Social Services (DPSS) to implement a pilot project out-stationing eligibility workers at DHS Hospitals if the Board approved this recommendation in the Homeless Prevention Initiative, and
- 2) Develop and implement a standardized policy within all of DHS inpatient facilities by July 1, 2006, that will outline the expected discharge planning activities to be conducted on behalf of homeless or unstably housed patients.

DPSS Eligibility Workers at DHS Medical Centers

The out-stationing of DPSS eligibility workers at DHS Hospitals to take General Relief, CalWORKS, and Food Stamp applications was implemented on July 25, 2006. To date, 125 patients were referred to the on-site DPSS eligibility workers, 45 awards were granted and 10 applications are currently pending.

Policies for Patient Discharges

As stated in the second quarterly update to your Board dated July 11, 2006, DHS has finalized the Discharge Planning Protocols and Procedures for Department of Health Services' Homeless or Unstably Housed Patients, which was implemented on July 1, 2006.

This also serves to update your Board on two additional strategies that were outlined in the second quarterly update to your Board dated July 11, 2006, which are being pursued by DHS to enhance both our discharge planning activities and resources of available and appropriate housing opportunities for our homeless or unstably housed patients.

Discharge Planning Training for DHS Staff

In May 2006, Homeless Healthcare of Los Angeles was awarded a grant by the Kaiser Permanente Community Benefit Division to provide ongoing training to DHS and Kaiser Permanente discharge planning staff that will focus on a) how to assess and respond to the particular needs of homeless patients, and b) how to link homeless patients to available resources that should be accessed within a comprehensive set of services. Stake-holder meetings with the discharge planning staff to fine-tune the training curriculum have been completed and the trainings will begin in early winter.

Access to Housing for Health (AHH)

On June 26, 2006, your Board approved the Access to Housing for Health (AHH) Pilot Project, which is a partnership between DHS and the Community Development Commission (CDC), who provided DHS with a total of one hundred Section 8 housing vouchers and fifteen public housing units. The program funding for AHH will provide the supportive services component, which includes temporary motel vouchers, first and last months rent, housing location services, case management, and administrative costs.

My staff is currently working on a Board letter for submission within the next two weeks, to establish a contract with Del Richardson for the housing locator services, and a contract with Homeless Healthcare Los Angeles for case management, temporary housing, and management of first and last months rent. Our aim is to begin enrolling DHS patients into AHH by January 1, 2006.

In addition to the above-referenced activities, in August 2006, DHS and the Hospital Association of Southern California initiated a Recuperative Care Coalition, which includes Kaiser Permanente, the National Health Foundation (NHF) and a number of other public and private entities in an effort to increase the number of recuperative care beds that currently exist in Los Angeles County. On September 26, 2006, your Board approved an additional 15 such beds under the Housing and Homeless Program Fund (HHPF). However, in partnering with the above referenced agencies, the Recuperative Care Coalition hopes to implement an additional 30 recuperative care beds. The Coalition is working on a business plan to commit private hospitals to funding a portion of this partnership. This increase will significantly improve our ability to discharge homeless patients to an appropriate level of care, as opposed to maintaining them in the hospital when acute care is no longer needed.

If you have any questions or need further information, please let me know.

BAC:lb
511:020

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors